

	A	B	C	D	E	F	G	H	I	J	K	L	M	N
1	<b>Unified Rate Review v5.2</b>										To add a product to Worksheet 2 - Plan Prod			
2											To add a plan to Worksheet 2 - Plan Product			
3	Company Legal Name:	UnitedHealthcare Insurance Company								State:	KY		To validate, select the Validate button or Ctrl +	
4	HIOS Issuer ID:	28773								Market:	Small Group		To finalize, select the Finalize button or Ctrl +	
5	Effective Date of Rate Change(s):	1/1/2021												
6														
7														
8	<b>Market Level Calculations (Same for all Plans)</b>													
9														
10														
11	<b>Section I: Experience Period Data</b>													
12	Experience Period:	1/1/2019			to	12/31/2019								
13					Total	PMPM								
14	Allowed Claims				\$220,049.91				\$467.20					
15	Reinsurance				\$0.00				\$0.00					
16	Incurred Claims in Experience Period				\$157,589.16				\$334.58					
17	Risk Adjustment				-\$14,284.11				-\$30.33					
18	Experience Period Premium				\$280,080.51				\$594.65					
19	Experience Period Member Months				471									
20														
21	<b>Section II: Projections</b>													
22														
23	<b>Benefit Category</b>	<b>Experience Period Index Rate PMPM</b>	<b>Year 1 Trend</b>		<b>Year 2 Trend</b>		<b>Trended EHB Allowed Claims PMPM</b>							
24	Inpatient Hospital	\$67.40	1.036	1.044	1.039	1.032	\$78.17							
25	Outpatient Hospital	\$157.86	1.036	1.044	1.039	1.032	\$183.07							
26	Professional	\$122.80	1.036	1.044	1.039	1.032	\$142.41							
27	Other Medical	\$0.83	1.036	1.044	1.039	1.032	\$0.96							
28	Capitation	\$12.60	1.036	1.044	1.039	1.032	\$14.61							
29	Prescription Drug	\$105.71	1.036	1.044	1.039	1.032	\$122.59							
30	<b>Total</b>	<b>\$467.20</b>					<b>\$541.82</b>							
31														
32	Morbidity Adjustment					1.000								
33	Demographic Shift					1.008								
34	Plan Design Changes					1.008								
35	Other					1.050								
36	Adjusted Trended EHB Allowed Claims PMPM for	1/1/2021				\$578.05								
37														
38	Manual EHB Allowed Claims PMPM					\$666.06								
39	Applied Credibility %					0.00%								
40														
41														
42	<b>Projected Period Totals</b>													
43	Projected Index Rate for	1/1/2021				\$666.06		\$1,665,150.00						
44	Reinsurance					\$0.00		\$0.00						
45	Risk Adjustment Payment/Charge					-\$35.79		-\$89,475.00						
46	Exchange User Fees					0.00%		\$0.00						
47	Market Adjusted Index Rate					\$701.85		\$1,754,625.00						
48	Projected Member Months					2,500								
49														
50														
51														

**Information Not Releasable to the Public Unless Authorized by Law:** This information has not been publically disclosed and may be privileged and confidential. It is for internal government use only and must not be disseminated, distributed, or copied to persons not authorized to receive the information. Unautho prosecution to the full extent of the law.

	O	P	Q	R	S	T
1	Product Info, select the Add Product button or Ctrl + Shift .					
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	Authorized disclosure may result					
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**Product-Plan Data Collection**

Company Legal Name: **UnitedHealthcare Insurance Company**  
 HIOS Issuer ID: **28773**  
 Effective Date of Rate Change(s): **1/1/2021**

**Product/Plan Level Calculations**

Field # **Section I: General Product and Plan Information**

1.1 Product Name		KY001 Plans		KY005 Plans	KY009 Plans
1.2 Product ID		28773KY001		28773KY005	28773KY009
1.3 Plan Name		CC-CC	CC-CE	CC-BH	CC-CD
1.4 Plan ID (Standard Component ID)		28773KY0010002	28773KY0010004	28773KY0050001	28773KY0090001
1.5 Metal		Gold	Silver	Gold	Silver
1.6 AV Metal Value		0.818	0.715	0.817	0.707
1.7 Plan Category		Renewing	Renewing	Renewing	Renewing
1.8 Plan Type		POS	POS	Indemnity	POS
1.9 Exchange Plan?		No	No	No	No
1.10 Effective Date of Proposed Rates		1/1/2021	1/1/2021	1/1/2021	1/1/2021
1.11 Cumulative Rate Change % (over 12 mos prior)		8.38%	12.64%	3.02%	10.18%
1.12 Product Rate Increase %		9.22%		0.00%	0.00%
1.13 Submission Level Rate Increase %		9.22%			

Worksheet 1 Totals	Section II: Experience Period and Current Plan Level Information					
	2.1 Plan ID (Standard Component ID)	Total	28773KY0010002	28773KY0010004	28773KY0050001	28773KY0090001
\$220,050	2.2 Allowed Claims	\$220,050	\$154,292	\$62,602	\$0	\$3,155
\$0	2.3 Reinsurance	\$0	\$0	\$0	\$0	\$0
	2.4 Member Cost Sharing	\$62,461	\$35,909	\$24,081	\$0	\$2,471
	2.5 Cost Sharing Reduction	\$0	\$0	\$0	\$0	\$0
\$157,589	2.6 Incurred Claims	\$157,589	\$118,383	\$38,522	\$0	\$684
-\$14,284	2.7 Risk Adjustment Transfer Amount	-\$14,284	-\$10,132	-\$3,352	\$0	-\$800
\$280,081	2.8 Premium	\$280,081	\$198,666	\$65,725	\$0	\$15,689
471	2.9 Experience Period Member Months	471	278	161	0	32
	2.10 Current Enrollment	44	31	13	0	0
	2.11 Current Premium PMPM	\$647.04	\$735.26	\$436.68	\$0.00	\$0.00
	2.12 Loss Ratio	59.29%	62.79%	61.76%	0.00%	4.60%
	<b>Per Member Per Month</b>					
	2.13 Allowed Claims	\$467.20	\$555.01	\$388.84	\$0.00	\$98.60
	2.14 Reinsurance	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	2.15 Member Cost Sharing	\$132.61	\$129.17	\$149.57	\$0.00	\$77.21
	2.16 Cost Sharing Reduction	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	2.17 Incurred Claims	\$334.58	\$425.84	\$239.27	\$0.00	\$21.39
	2.18 Risk Adjustment Transfer Amount	-\$30.33	-\$36.45	-\$20.82	\$0.00	-\$25.01
	2.19 Premium	\$594.65	\$714.63	\$408.23	\$0.00	\$490.30

**Section III: Plan Adjustment Factors**

3.1 Plan ID (Standard Component ID)		28773KY0010002	28773KY0010004	28773KY0050001	28773KY0090001
3.2 Market Adjusted Index Rate		\$701.85			
3.3 AV and Cost Sharing Design of Plan		0.8077	0.6791	1.7606	0.7435

3.4 Provider Network Adjustment		1.0000	1.0000	1.0000	1.0000
3.5 Benefits in Addition to EHB		1.0000	1.0000	1.0000	1.0000

**Administrative Costs**

3.6 Administrative Expense		14.73%	14.73%	14.73%	14.90%
3.7 Taxes and Fees		7.69%	7.69%	7.69%	7.69%
3.8 Profit & Risk Load		2.73%	2.73%	2.73%	2.73%
3.9 Catastrophic Adjustment		1.0000	1.0000	1.0000	1.0000
3.10 Plan Adjusted Index Rate		\$757.36	\$636.78	\$1,650.87	\$698.75

3.11 Age Calibration Factor	0.6300		0.6300		
3.12 Geographic Calibration Factor	1.3554		1.3554		
3.13 Tobacco Calibration Factor	1.0000		1.0000		
3.14 Calibrated Plan Adjusted Index Rate		\$646.71	\$543.74	\$1,409.68	\$596.66

**Section IV: Projected Plan Level Information**

4.1 Plan ID (Standard Component ID)	Total	28773KY0010002	28773KY0010004	28773KY0050001	28773KY0090001
4.2 Allowed Claims	\$1,665,150	\$1,216,856	\$383,494	\$16,225	\$48,576
4.3 Reinsurance	\$0	\$0	\$0	\$0	\$0
4.4 Member Cost Sharing	\$359,672	\$248,531	\$112,120	-\$11,919	\$10,941
4.5 Cost Sharing Reduction	\$0	\$0	\$0	\$0	\$0
4.6 Incurred Claims	\$1,305,478	\$968,325	\$271,374	\$28,144	\$37,635
4.7 Risk Adjustment Transfer Amount	-\$70,148	-\$50,507	-\$16,836	-\$673	-\$2,133
4.8 Premium	\$1,838,040	\$1,363,249	\$382,065	\$39,621	\$53,105
4.9 Projected Member Months	2,500	1,800	600	24	76
4.10 Loss Ratio	73.84%	73.76%	74.30%	72.26%	73.83%

**Per Member Per Month**

4.11 Allowed Claims	\$666.06	\$676.03	\$639.16	\$676.03	\$639.16
4.12 Reinsurance	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
4.13 Member Cost Sharing	\$143.87	\$138.07	\$186.87	-\$496.64	\$143.96
4.14 Cost Sharing Reduction	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
4.15 Incurred Claims	\$522.19	\$537.96	\$452.29	\$1,172.67	\$495.19
4.16 Risk Adjustment Transfer Amount	-\$28.06	-\$28.06	-\$28.06	-\$28.06	-\$28.06
4.17 Premium	\$735.22	\$757.36	\$636.78	\$1,650.87	\$698.75

*To add a product to Worksheet 2 - Plan Product Info, select the Add Product button or Ctrl + Shift + P.*

*To add a plan to Worksheet 2 - Plan Product Info, select the Add Plan button or Ctrl + Shift + L.*

State: **KY**

*To validate, select the Validate button or Ctrl + Shift + I.*

Market: **Small Group**

*To finalize, select the Finalize button or Ctrl + Shift + F.*

*To remove a product, navigate to the corresponding Product Name/Product ID field and select the Remove Product button or Ctrl + Shift + Q.*

*To remove a plan, navigate to the corresponding Plan Name/Plan ID field and select the Remove Plan button or Ctrl + Shift + A.*





## Rating Area Data Collection

*Specify the total number of Rating Areas in your State by selecting the Create Rating Areas button or Ctrl + Shift + R.  
Select only the Rating Areas you are offering plans within and add a factor for each area.  
To validate, select the Validate button or Ctrl + Shift + I.  
To finalize, select the Finalize button or Ctrl + Shift + F.*

Rating Area	Rating Factor
Rating Area 1	0.7660
Rating Area 2	0.7867
Rating Area 3	0.6730
Rating Area 4	0.7392
Rating Area 5	0.7128
Rating Area 6	0.7739
Rating Area 7	0.8350
Rating Area 8	0.8081